BEST AVAILABLE COPY

Application or Docket Number

10/089235

PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2001

CLAIMS AS FILED - PART I SMALL ENTITY OTHER TH. (Column 1) (Column 2) TYPE OR SMALL ENT												
TOTAL CLAIMS								RÀTE	FEE		RATE	FEE
FOR .			NUMBER FILED		NUMBER EXTRA			Basic Fee		OR	Basic Fee	
TOTAL CHARGEABLE CLAIMS			2/ minus 20=		•			X\$ 9=		OR	X\$18≃	
INDEPENDENT CLAIMS			/ minus 3 =		•			X42=		OR	X84=	
MULTIPLE DEPENDENT CLAIM PRI			RESENT					+140=		OR	+280=	
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL		OR	TOTAL	<u>:</u>
	CI		101712		J	OTHER	THAN					
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							L .	SMALL	ENTITY	OR	SMALL	ENTITY
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	LEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	-Total	ស	Minus	-2	/	•		X\$ 9=		OR	X\$18=	•
	Independent	• 3	Minus	***	3	•>		X42=		OR	X84≈ ·	
	FIRST PRESE	NTATION OF M	ULTIPLE DEF	ENDEN	T CLAIM			+140=.		OR	+280 =	
								·TOTAL		OB.	YOTAL	•••
0	3/19/17	. (Column 1)	•	(Colu	mn 2)	(Column 3	1	ADDIT. FEE	•	JO	ADDIT. FEE	
_		CLAIMS		HUG	HEST		ጎ .		ADDI-] .		ADDI-
AMENDMENT B		REMAINING AFTER AMENDMENT		PREV	ABER IOUSLY IFOR	PRESENT	ļ	rate	TIONAL FEE		RATE	TIONAL
	Total	· 20	Minus	**×		-	1	X\$ 9=	1	OR	X\$18=	/
	Independent	· 3	Minus	**	3	•]	X42=	/	OR	X84=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM ./[٤	+140=	/	OR	+280=	/
			•				·	TOTAL	 	OR	TOTAL	
		(Column 1)		(Coli	ımn 2)	(Column 3	1)	ADDIT. FEE			ADDIŢ. FEE	
AMENDMENT C		CLAUMS		HIGH NUMI PREVIO	REST	PRESENT EXTRA	Ί	F	ADDI-	1		ADDI-
	•	REMAINING AFTER AMENDMENT			MBEH TOUSLY D FOR		ı	RATE	TIONAL FEE		RATE	TIONAL
	Total	•	Minus	•		0	1	X\$ 9=		OR	X\$18=	
	Independent	•	Minus	***		•]	X42=		1	X84=	
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR		
+140= OR +280= * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.											<u> </u>	
"If the entry in column 1 is less than the entry in column 2, write to in column 3. "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE ADDIT. FEE OR ADDIT. FEE												
	The Highest Nur	mber Previously P	ald For" (Total o	r Indeper	. ਛ :ਕਲ ਗ ਬੀਵਾਪੋ) ਤੋਂ ਸੈਂ	e highest nurr	ber t	ound in the ap	propriate bo	x in o	obijnin 1.	